



2-9-05

PTO/SB/21 (09-04)

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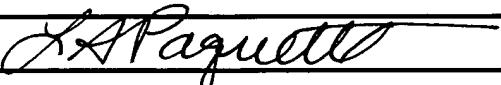
Total Number of Pages in This Submission

Application Number	10/616,667
Filing Date	07/10/2003
First Named Inventor	Matthew Sweetland
Art Unit	2839
Examiner Name	Jean F. Duverne
Attorney Docket Number	112675-128 US1

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement Form PTO-1449; and Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): - Postcard
<input type="checkbox"/> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Wilmer Cutler Pickering Hale and Dorr LLP		
Signature			
Printed name	Laura A. Paquette		
Date	02/08/2005	Reg. No.	48,446

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Tracy Chu	Date	02/08/2005

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PTO/SB/17 (12-04)

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Effective on 12/08/2004
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **555.00**

Complete if Known

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Filing Date	07/10/2003
First Named Inventor	Matthew Sweetland
Examiner Name	Jean F. Duverne
Art Unit	2839
Attorney Docket No.	112675-128 US1

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify) Wilmer Cutler Pickering Hale and Dorr LLP
 Deposit Account Deposit Account Number: 08-0219 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity
Fee (\$) Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 20 or HP =	x	=			
HP = highest number of total claims paid for, if greater than 20				0	0

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

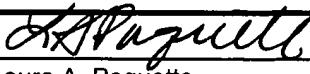
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = / 50 = 1 (round up to a whole number) x =

4. OTHER FEE(S)

Suppl. IDS (\$180.00)	Extension of Time (2 Mos.) (\$225.00)	Fees Paid (\$) \$405.00
Other: Additional claims - 2 (\$50.00)	+ Additional Ind. claim (\$100)	Fees Paid (\$) \$150.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	48,446	Telephone 212-230-8800
Name (Print/Type)	Laura A. Paquette		Date	02/08/2005

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